## MARSHALL COUNTY OCCUPATIONAL LICENSE TAX FOR GENERAL OUTLAY PURPOSES

Imposed by the Marshall County, Kentucky Fiscal Court effective January 1, 1982

ANNUAL RETURN

For the y	ear Jan. 1 - Dec. 31, 2003 or other taxable year beginning	, 2003 and ending		
Your So	cial Security No. or Employer ID No.	Your Occupation _		
	s Social Security No. if joint return			
		List all 2003 employers and Occupational Tax withheld. Att	show amount of Ma tach W-2 if available.	rshall County
Name &		EMPLOYERS (Both in and out		Tax W/H
Address				
Change if Incorrect				
	-	Do not include School Tax -		
		Total and enter on Line 7		Φ
Line Line Ord Line Line Line 2. LES	OME FROM FEDERAL RETURN YOU ARE FILING:  22, Form 1040  15, Form 1040-A  4, Form 1040-EZ  nary income from Line 22, Form 1065 (see line 16)  28, Form 1120 add back taxes on income \$  24, Form 1120-A  21, Form 1120-S (see line 16)  S NET UNEARNED INCOME NOT SUBJECT TO TAX (INTEREST, DIVIDENTED INCOME NOT SUBJECT TO TAX (INTEREST)		s	
RE	IT, PENSIONS, ETC.) DESCRIBE BELOW.			
	STOTAL (subtract line 2 from line 1)			
	S INCOME EARNED OUTSIDE MARSHALL COUNTY (from line 15 on rever			
	ABLE INCOME (subtract line 4 from line 3)			
	(multiply line 5 by 1%)			
	S: General Occupational Tax Withheld or paid (list above)			
	DUE or REFUND DUE			
	alty on tax past due (1% of line 8 until paid)			
	rest on tax past due (8% per annum of line 8 until paid)			
	alty for failure to file return by due date (Add \$10.00 per KRS 160.648)			
	AL TAX, PENALTIES AND INTEREST DUE (add lines 8 thru 12)			
	ILE 2 - Enter net income or (loss) from schedules which were attached to you; E (Part I) \$; Other:	Other:	Other:	
D \$	; E (Part II) \$; Form 4797 \$			\$
	; E (Part III) \$; \$\$			.\$
_	efund of overpayment cannot be made unless this schedule is properly compl			
	Make check or money order payable to MARSHALL COUNTY TAX ADMINISTR DUE DATE: April 15, 2004 or three and one-half mo	onths following Fiscal Year End	<b>1.</b>	12025.
I hereby	certify that the statements made herein and in any supporting schedules are true,	correct and complete to the best	от ту кложевде.	
	Your Signature Spouse's Sig	/	Title /	Date
Sign Here	Your Signature 'Spouse's Sig	Indiale	//	Date
	Preparer's Signature	Preparer's Address	- /	Date

Preparer's Signature

Preparer's Address

71. 07.	ARIES AND WAGES: EMPLOYER		JOB LOCATION	AMOUNT
-				
— To				\$
B. FRO	OM BUSINESS OR PROF	ESSIONS (see below)		
		CRIBE	AMOUNT	
-				
Tot				s
TOTAL	INCOME EARNED OUTS	SIDE MARSHALL COUNTY (Add	i 14a & b) (enter on line 4	
on reve	rse)			\$
puted as fo	ollows:  1. Ascertaining the pe	ercentage which the gross recei	d professions from activities conductions  pts of the licenses from sales or services receipts from sales or services receipts.	services
	Ascertaining the compensations for the County bears to the co	he period covered by the report	s, salaries, and other personal of for services performed or rendered d personal service compensation f	outside
		percentages determined in sub obtained by two (2), or by the nu	paragraphs one (1) and two (2) abomber of factors actually used.	we, and
		e net profit from all sources enter the amount in 14B above.	by the percentage so obtained.	Attach
PARTN	NERSHIPS AND SUBCHA	PTERS "S" CORPORATIONS: L	IST PARTNERS OR SHAREHOLD	ERS:
	NAME	ADDRESS	% OF PROFITS	COMPENSATION

INCOME EARNED OUTSIDE MARSHALL COUNTY